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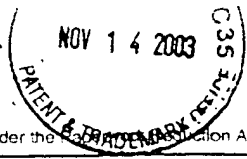
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PTO/SB/83 (01-03)

Approved for use through 11/30/2005. OMB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	SEE APPENDIX A
Filing Date	
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Please see attached e-mail from Incyte Genomics, Inc. and docket entry.

- 1 ☐ The correspondence address is NOT affected by this withdrawal.
- 2 ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	INCYTE INC.				
Address	3160 PORTER DRIVE				
Address					
City	PALO ALTO	State	CA	Zip	94304
Country	US				
Telephone	650-843-7352			Fax	650-855-0572

- ☒ This request is made on behalf of myself and
 - ☒ all the attorneys/agents of record.
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Carol L. Francis, Reg. No. 36,513
Signature	
Date	NOVEMBER 14, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231: DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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**APPENDIX A: ATTACHMENT TO REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

SERIALNO	FILE	PATENTNO	ISSUE
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